1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

PHEP

DOMAIN: COMMUNITY RESILIENCE

Description:	Community resilience is the ability of a community to develop, maintain, and utilize collaborative relationships among government, private health care organizations, community organizations, and individual households to develop and utilize shared plans for responding to and recovering from disasters and emergencies.

Capability Name: Community Preparedness

Planned Activity:	Build
Funding Type:	PHEP

Capability Name: Community Recovery

Planned Activity:	Sustain
Funding Type:	PHEP

Strategy Name: Strengthen Community Resilience

Domain Activity Name: Partner with stakeholders by developing and maturing health care coalitions (HCC)

Planned Activity:	**Timeline for Completion:**
• IDPH will fund and provide tech. assistance to HCCs that identify & engage partners to develop & enhance healthcare systems preparedness and response capabilities inclusive of Public Health, EMS, and EMA to effectively manage healthcare emergencies.	• Quarter 1: July 1 – September 30
• IDPH will provide the HCC with points of contact at clinics, long-term care facilities, sentinel laboratories, and other PH/healthcare partners within the coalition area for use in identifying and engaging partners.	• Quarter 1: July 1 – September 30
• IDPH will coordinate with the Preparedness Advisory Council to develop a sub-committee focused on assisting IDPH in supporting HCC development with equal partnership from PH, healthcare, EMS, & EMA entities.	• Quarter 1: July 1 – September 30

Functions:	• Community Preparedness:2. Build community partnerships to support health preparedness • Community Preparedness:3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Proposed Outputs:	• A list of contact information for traditional and non-traditional entities to consider for inclusion in HCC membership and activities. The contact list will be provided to 100% of the HCCs for consideration. IDPH will provide both excel based and EMResource base contact lists to the coalitions. The excel list includes points of contact for: hospital emergency preparedness planners, hospital trauma coordinators, public health agencies, emergency management, and EMS agencies within each HCC. The EMResource contact list includes other partners like clinics, long-term care centers, sentinel labs, and dialysis centers. The HCC FTE will be responsible to work with HCC membership to maintain the contact information. IDPH will provide the HCCs identified contact information by July 30, 2017.
	• 100% of Iowa's HCCs will be made up of local public health, hospitals, EMS, and EMAs coordinating with equal engagement within the coalition.
	• 100% of the HCCs will identify and document HCC member organizations and leadership. IDPH will provide guidance to 100% of the HCCs outlining minimum requirements associated with membership to ensure compliance with FOA requirements and State established minimum requirements (as determined by IDPH and the PAC). HCCs will report membership, on a form developed and provided by IDPH, by September 1, 2017.
	• 100% of the HCCs will document HCC fiscal processes that detail, at a minimum, how fiscal decisions will be made within the HCC, how expenditures will be tracked and documented, and assurances expenditures are appropriate for the funding stream. The fiscal processes must be approved by both the HCC fiscal agent and the HCC membership. IDPH will develop and provide the HCCs guidance and tools including a fiscal process checklist to ensure documentation of HCCs fiscal processes by September 30, 2017.
	• 100% of HCCs will be provided with IDPH financial pre-approval forms for review and approval of all HCC expenses over $500 by July 30, 2017.
	• A multi-disciplinary team of subject matter experts, developed by IDPH, to provide technical assistance to 100% of the HCCs through face-to-face meetings and written correspondence. At a minimum, members of the IDPH technical assistance teams will attend HCC meetings quarterly.
	• Meeting minutes from quarterly meetings of the Preparedness Advisory Committee meetings documenting recommendations to IDPH related to preparedness initiatives.
	• IDPH will review 100% of HCC expenditures to ensure funding is expended in accordance with the appropriate funding stream for the activity, i.e. PHEP funding only used on PHEP approvable expenses.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s)
	State Requirement(s) and Recommendation(s):
	NA
Technical Assistance Needs:	No

Domain Activity Name: Characterize probable risk of the jurisdiction and the HCC

Planned Activity:	**Timeline for Completion:**
• IDPH will assist HCCs in coordinating partners to review discipline/entity specific vulnerability risk assessments to identify gaps in preparedness activities and submit hazard rankings from combined risk assessment.	• Quarter 1: July 1 – September 30

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

• IDPH will collect the HCC's identified hazard rankings to inform a state jurisdictional risk assessment scheduled to be completed in BP3.	• Quarter 1: July 1 – September 30
• IDPH will provide HCCs with resource tools to consistently complete and document the outlined HCC activities associated with characterizing probable risks of the jurisdiction and the HCC.	• Quarter 1: July 1 – September 30
• IDPH will provide EMResource pages for HCCs to inventory and track resources and services available within the HCC.	• Quarter 4: April 1- June 30

Functions:	• Community Preparedness:1. Determine risks to the health of the jurisdiction • Community Preparedness:2. Build community partnerships to support health preparedness • Community Preparedness:3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
Proposed Outputs:	• 100% of the HCCs will complete a combined risk assessment report inclusive of HCC hazard rankings using a template provided by IDPH by October 30, 2017. • 100% of HCCs will document resource management processes for requesting existing resources/services during an incident, identify mechanisms to acquire new service area resources/services during an incident, and a process to return resources/services to pre-incident status as applicable after an incident. HCC partners will be educated on process for resource management. HCC resources will be reported within the service area's EMResource page (provided by IDPH) by April 2018. • IDPH will provide 100% of HCCs with education related to utilization of EMResource pages through face-to-face trainings and webinar opportunities by April 2018. • IDPH shall provide ongoing technical assistance to 100% HCCs to ensure timely and complete delivery of contractually required information and materials related to identification of jurisdictional risks, to include at a minimum, IDPH participation in HCC meetings quarterly. • Collection of 100% of the HCC risk assessments compiled for review at IDPH to help inform the State's jurisdictional risk assessment to be completed in BP3.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s) **State Requirement(s) and Recommendation(s):** NA
Technical Assistance Needs:	No

Domain Activity Name: Characterize populations at risk

Planned Activity:	**Timeline for Completion:**
• IDPH will assist HCCs in utilizing emPOWER data, community health needs assessments, and other available data sources to assist in identifying special at-risk populations and develop strategies to fill gaps related to special at-risk populations.	• Quarter 1: July 1 – September 30

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

• IDPH will to establish a data sharing agreement for patient specific emPOWER data with the IDPH AAG for just in time execution with the US Dept. of Health and Human Services during an incident.	• Quarter 3: January 1 – March 31
• IDPH will evaluate and provide to HCCS, ATSDR's Social Vulnerability Index data and CDC's PH Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in Emergencies.	• Quarter 1: July 1 – September 30
• IDPH will engage the EMSC program to identify mechanisms to address pediatric specific concerns in planning and exercise processes.	• Quarter 3: January 1 – March 31
• IDPH will continue to develop the Environmental Health Response Team (EHRT) to ensure the Department's ability to support public health recovery efforts.	• Quarter 4: April 1- June 30
• IDPH will engage with HSEMD, Iowa Department of Education, and other state partners to begin assessing planning needs associated with family reunification in an effort to support local planning initiatives.	• Quarter 4: April 1- June 30
• IDPH, in conjunction with HSEMD, will provide updates regarding the Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) plan to HCC members and other relevant response partners	• Quarter 3: January 1 – March 31

Functions:	• Community Preparedness:1. Determine risks to the health of the jurisdiction • Community Recovery:2. Coordinate community public health, medical, and mental/behavioral health system recovery operations
Proposed Outputs:	• EmPOWER data reports acquired by the State and all HCCs minimally every six months for use in informing and updating local, HCC, and State preparedness plans. • A "just in time" emPOWER data sharing agreement to be executed between IDPH and the U.S. Department of Health and Human Services for patient specific data by June 2018. • A template for an emPOWER data sharing agreement between IDPH and HCCs to share patient specific data by June 2018. • A template for an emPOWER data sharing agreement between HCCs and partners HCCs would consider sharing emPOWER patient specific data by June 2018. • Meeting minutes from the Emergency Medical Services for Children Advisory Council detailing common pediatric concerns to be addressed in preparedness plans. • Sustainment of a minimum of 15 rostered members of the IDPH Environmental Health Response Team to respond to assist with recovery after a public health emergency. • Minutes from quarterly meetings of partners addressing planning concerns related to family reunification. • IDPH and local response plans updated to reflect information gained from ATSDR's Social Vulnerability Index data and CDC's Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in Emergencies. • IDPH hosting one CBRNE webinar that will be recorded and posted on the IDPH website for review by April 2018.
Requirement(s) and Recommendation(s):	• At-Risk Populations
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Domain Activity Name: Engage communities and health care systems

Planned Activity:	Timeline for Completion:
• IDPH will coordinate with each HCC to ensure the HCCs have training plans that include list of anticipated preparedness and response trainings and strategies to coordinate trainings, reduce duplications, and leverage funding.	• Quarter 1: July 1 – September 30
• IDPH preparedness staff will coordinate with Iowa's EMSC program to complete an educational program aimed at children 5-10 years old. This "in the box" program will be provided to HCCs for implementation.	• Quarter 2: October 1 – December 31
• IDPH will engage the advisory councils, EMS partners, and HCCs in discussions related to establishing community para-medicine/mobile integrated health systems in Iowa to support the healthcare system.	• Quarter 4: April 1- June 30
• IDPH will provide HCCs with resource tools to ensure completion of domain and capability activities.	• Quarter 2: October 1 – December 31
• IDPH will assess the success of the EMSC pediatric outreach campaign to identify and develop additional resource or materials to support educating the pediatric population about preparedness and response activities.	• Quarter 4: April 1- June 30

Functions:	
	• Community Preparedness:2. Build community partnerships to support health preparedness
	• Community Preparedness:3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
	• Community Recovery:3. Implement corrective actions to mitigate damages from future incidents
	• Community Preparedness:4. Coordinate training or guidance to ensure community engagement in preparedness efforts

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Proposed Outputs:	• Training plans for 100% of the HCCs and IDPH will be completed by September 2017.
	• 5-year Exercise plans for 100% of the HCCs and IDPH will be completed by September 2017.
	• After action reports/improvement plans developed within 90 days of exercise completion.
	• IDPH will provide 100% of the HCCs with the EMSC pediatric education tool kit aimed at educating children 5-10 years of age by September 2017. The "in the box" program will be provided to HCCs for implantation by hospitals, public health, school nurses, and other HCC partners. The program educates children, in an age appropriate manner, on emergency preparedness activities that will reduce burden on the healthcare system. A minimum of one education session will be held in each of the 12 coalitions during BP1. Two education modules will be distributed. Additional modules may be developed based on the availability of funding.
	• Meeting minutes from EMSAC community para-medicine/mobile integrated health meetings documenting participation of EMS, hospital, and public heath personnel in planning efforts quarterly throughout BP1.
	• 100% of HCCs receive technical assistance from IDPH to complete template training plans, exercise plans, after action reports and the EMSC pediatric education tool kit to ensure timely and complete delivery of contractually required information and materials by June 30, 2018.
	• Developed resource tools for use by the HCC including the following: Training plan template, 5-year exercise plan template, outline of minimum HCC exercise requirements and associated documentation requirements, and EMSC pediatric education outreach tool kit. Technical support will be provided to ensure implementation of the tools.
	• Additional EMSC and emergency preparedness pediatric education modules and education materials to enhance the existing tool kit based on the availability of funding.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s)
	State Requirement(s) and Recommendation(s):
	NA
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

PHEP

DOMAIN: INCIDENT MANAGEMENT

Description:	Incident management is the ability to establish and maintain a standardized and scalable operational structure with processes that appropriately engage all critical stakeholders and support the execution of core capabilities and incident objectives.

Capability Name: Emergency Operations Coordination

Planned Activity:	Sustain
Funding Type:	PHEP

Strategy Name: Strengthen Incident Management

Domain Activity Name: Coordinate Emergency Operations

Planned Activity:	**Timeline for Completion:**
• IDPH will coordinate with the Iowa Department of Homeland Security to review ESF-8 plans and ensure all information is current, accurate, and inclusive of EMAC processes.	• Quarter 4: April 1- June 30
• IDPH will review and update the IDPH Public Health Response Plan to ensure all information is current, accurate, and consistent with Public Health Accreditation requirements.	• Quarter 4: April 1- June 30

Functions:	• Emergency Operations Coordination:1. Conduct preliminary assessment to determine need for public activation • Emergency Operations Coordination:2. Activate public health emergency operations • Emergency Operations Coordination:3. Develop incident response strategy • Emergency Operations Coordination:4. Manage and sustain the public health response • Emergency Operations Coordination:5. Demobilize and evaluate public health emergency operations
Proposed Outputs:	• Completed review and update to ESF-8 plan as needed by December 2017. Updates to the plan will be made as needed in coordination with response partners. The State Emergency Operations Plan is posted for public comment based on the Iowa Department of Homeland Security's plan review process. • Completed review and update to the IDPH Public Health Emergency Response Plan (PHERP) as needed June 30, 2018. The response plan includes sections that address continuity of government operations and recovery. Updates to the plan will be made as needed in coordination with response partners. The IDPH Public Health Response Plan is a confidential document protected by State statute to reduce the risk of harm to the Department and its responders.
Requirement(s) and Recommendation(s):	• Infectious Disease Response:Working with local health agencies • Emergency Management Assistance Compact (EMAC)
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Domain Activity Name: Standardize incident command structures for public health

Planned Activity:	**Timeline for Completion:**
• IDPH will sustain the IDPH Incident Management Team, a NIMS compliant command structure, to ensure ability to manage a coordinated response to public health emergencies.	• Quarter 4: April 1- June 30
• Throughout BP1, IDPH, in coordination with HSEMD and other partners, will coordinate incident command trainings for HCCs to ensure access to required educational opportunities consistent with the role of the responder.	• Quarter 4: April 1- June 30
• IDPH, in coordination with HSEMD, will update NIMS compliance documents to ensure standardized implementation of NIMS in the HCCs.	• Quarter 1: July 1 – September 30

Functions:	• Emergency Operations Coordination:3. Develop incident response strategy • Emergency Operations Coordination:4. Manage and sustain the public health response
Proposed Outputs:	• Minimum of 15 local public health staff trained and ready to respond to public health emergencies using NIMS compliant forms and processes. • IDPH, in coordination with HSEMD, will provided NIMS training for to ensure 100% of HCCs are NIMS compliant. • 100% of HCCs will have NIMS cast tools documenting implantation of incident command principles. • Successful notification and assembly of the IDPH incident management system team (command staff) within one hour of notification alert during and outside of business hours.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s) **State Requirement(s) and Recommendation(s):** NA
Technical Assistance Needs:	No

Domain Activity Name: Ensure HCC integration and collaboration with ESF-8

Planned Activity:	**Timeline for Completion:**
• IDPH will continue highly infectious disease planning with the established workgroup to review, exercise and update the Highly Infectious Disease Plan and share lessons learned with HCCs.	• Quarter 4: April 1- June 30
• IDPH will coordinate with HSEMD and local EMAs to integrate and coordinate state and local ESF 8 plans.	• Quarter 4: April 1- June 30

Functions:	• Emergency Operations Coordination:2. Activate public health emergency operations • Emergency Operations Coordination:3. Develop incident response strategy • Emergency Operations Coordination:4. Manage and sustain the public health response

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Proposed Outputs:	• The Highly Infectious Disease Plan reviewed and updated as needed by IDPH and shared with workgroup partners by June 30, 2018. The workgroup will continue to evaluate processes for controlled movement of patients, isolation, quarantine, and adherence to public health orders both inside and outside of medical facilities. • Informational/guidance documents will be provided to all HCCs to ensure coordinated planning efforts in response to highly infectious diseases by June 30, 2018. • IDPH will provide one webinar session for HCCs to provide assistance with integrating ESF8 plans with multiple disciplines by June 30, 2018. HCCs will have the opportunity to provide feedback on the states preparedness and response plans through this webinar opportunity and through the engagement of EMAs at the HCC level. County EMAs coordinate local jurisdictional ESF plans and help inform State ESF plans.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s) **State Requirement(s) and Recommendation(s):** NA
Technical Assistance Needs:	No

Domain Activity Name: Expedite fiscal preparedness procedures	

Planned Activity:	**Timeline for Completion:**
• IDPH will sustain the currently executed response contracts that allow the Department to expeditiously provide emergency response funding to any of the 99 county public health agencies in Iowa.	• Quarter 4: April 1- June 30
• IDPH BETS will continue to closely monitor HCC expenses to ensure compliance with federal funding streams and appropriateness of program expenditures.	• Quarter 4: April 1- June 30
• IDPH will execute emergency preparedness contracts with HCCs, that are working in full collaboration with public health, within 90 days of the beginning of the grant cycle.	• Quarter 1: July 1 – September 30

Functions:	• Emergency Operations Coordination:2. Activate public health emergency operations
Proposed Outputs:	• Maintain the 99 executed emergency response contracts with each of the county local public health department in Iowa during BP1. These contracts will enable IDPH to provide emergency funding directly to public health agencies through a simple contract amendment. It will take approximately two days to execute contract amendments to provide emergency funding. • IDPH will monitor and ensure accountability for all HCC funding. This monitoring process will continue to include pre-approval for any expense exceeding $500 and monthly review of detail HCC budget expenditures and reimbursements. • IDPH will continue to conduct annual onsite compliance reviews of HCC invoicing, personnel expenses, and equipment. Onsite compliance reviews include review of programmatic activities and verification contract deliverables are completed and documented. • 100% of the HCC contracts executed within 90 days of the beginning of the grant cycle.

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s)
	State Requirement(s) and Recommendation(s):
	NA
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

PHEP

DOMAIN: INFORMATION MANAGEMENT

Description:	Information management is the ability to develop systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts and warnings using a whole community approach and exchange health information and situational awareness with federal, state, local, territorial, and tribal levels of government and private sector health care delivery system partners.

Capability Name: Emergency Public Information and Warning

Planned Activity:	Sustain
Funding Type:	PHEP

Capability Name: Information Sharing

Planned Activity:	Sustain
Funding Type:	PHEP

Strategy Name: Strengthen Information Management

Domain Activity Name: Share situational awareness across the health care and public health systems

Planned Activity:	**Timeline for Completion:**
• IDPH will sustain the Health Alert Network IT system that provides a conduit for emergency communications between all levels of response partners (federal, state, and local).	• Quarter 4: April 1- June 30
• IDPH will sustain the 800MHz interoperable radio communication system. Where that system is no longer available, IDPH will provide access to the "Be On" system.	• Quarter 4: April 1- June 30
• IDPH will engage HCC members organizations in regular testing of information technology and communication systems including utilization of the HAN and monthly communication drills of the radio/Be On system.	• Quarter 4: April 1- June 30

Functions:	• Information Sharing:1. Identify stakeholders to be incorporated into information flow • Emergency Public Information and Warning:1. Activate the emergency public information system • Information Sharing:2. Identify and develop rules and data elements for sharing • Information Sharing:3. Exchange information to determine a common operating picture • Emergency Public Information and Warning:5. Issue public information, alerts, warnings, and notifications
Proposed Outputs:	• Response rates of all HCCs/member organizations to communications tests including: HCCs will demonstrate ability to respond to quarterly HAN alert tests with at least one individual responding from a minimum of 75% of agencies/institutions within the HCC. At least 75% (annual average) of agencies/institutions with the HCC responding to monthly communication tests. • Access to communication platforms for emergency response and preparedness activities will be available for 100% of HCCs and IDPH throughout BP1. • Results of HAN alert response rates and monthly communication drills.

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Requirement(s) and Recommendation(s):	• Infectious Disease Response:Joint Requirements, Common operating picture • Public Health Informatics:Sustain and/or Enhance Public Health Information Systems
Technical Assistance Needs:	No

Domain Activity Name: Share emergency information & warnings across disciplines & jurisdictions and HCCs and their members

Planned Activity:	**Timeline for Completion:**
• IDPH will sustain the EMResource program, including pages specifically for HCC use in tracking public health resources and services within the HCC.	• Quarter 4: April 1- June 30
• IDPH will assist HCCs in documenting resources and services available within the HCC on the HCC's EMResource page.	• Quarter 4: April 1- June 30

Functions:	• Information Sharing:1. Identify stakeholders to be incorporated into information flow • Information Sharing:2. Identify and develop rules and data elements for sharing • Information Sharing:3. Exchange information to determine a common operating picture • Emergency Public Information and Warning:3. Establish and participate in information system operations • Emergency Public Information and Warning:4. Establish avenues for public interaction and information exchange
Proposed Outputs:	• All HCC specific EMResource pages populated with HCC resource and service information will be in place by April 2018. EMResource is used to track inventories, communicate resource and service availability, contains contact information for core and ancillary HCC members, and is used track and communicate bed capacity information. • IDPH will have sustained the EMResrouce platform to be utilized for inventory tracking and resource management during BP1.
Requirement(s) and Recommendation(s):	• Infectious Disease Response:Joint Requirements, Coordinate public messaging
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Domain Activity Name: Conduct external communication with the public

Planned Activity:	Timeline for Completion:

• IDPH will continue to provide basic public information officer training (G-290) • Quarter 4: April 1- June 30
in BP1. A minimum of two trainings will be conducted to increase the number
of trained public information officers available within the coalitions.

Functions:	• Emergency Public Information and Warning:1. Activate the emergency public information system • Emergency Public Information and Warning:2. Determine the need for a joint public information system • Emergency Public Information and Warning:3. Establish and participate in information system operations • Emergency Public Information and Warning:4. Establish avenues for public interaction and information exchange • Emergency Public Information and Warning:5. Issue public information, alerts, warnings, and notifications
Proposed Outputs:	• Training rosters from public information officer trainings will be maintained. A minimum of 10 public health individuals will receive basic PIO (G-290) training in BP1.
Requirement(s) and Recommendation(s):	• Infectious Disease Response:Joint Requirements, Engage with community
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

PHEP

DOMAIN: SURGE MANAGEMENT

Description:	Surge management is the ability to coordinate health care, medical and support staff volunteers; engage agencies and health care organizations primarily responsible for providing health-related services and direct patient care; ensure access to high-quality medical and mass care needs; and prevent and manage injuries and fatalities during and after a response to an emergency or incident of health significance.

Capability Name: Fatality Management

Planned Activity:	Build
Funding Type:	PHEP

Capability Name: Mass Care

Planned Activity:	Build
Funding Type:	PHEP

Capability Name: Medical Surge

Planned Activity:	Build
Funding Type:	PHEP

Capability Name: Volunteer Management

Planned Activity:	Build
Funding Type:	PHEP

Strategy Name: Strengthen Surge Management

Domain Activity Name: Address mass care needs

Planned Activity:	Timeline for Completion:
• IDPH will continue to coordinate with Iowa Homeland Security and Emergency Management on ESF8 and ESF6 plans to support fatality management, medical surge, mass care and sheltering needs.	• Quarter 4: April 1- June 30
• IDPH will engage with HSEMD, Iowa Department of Education, and other state partners to begin assessing planning needs associated with family reunification in an effort to support local planning initiatives.	• Quarter 4: April 1- June 30
• IDPH will support HCC coordination with EMA to development and enhance local ESF 6 and ESF 8 response plans that include consideration to family reunification.	• Quarter 4: April 1- June 30

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Functions:	• Fatality Management:1. Determine role for public health in fatality management • Mass Care:1. Determine public health role in mass care operations • Medical Surge:1. Assess the nature and scope of the incident • Volunteer Management:1. Coordinate volunteers • Volunteer Management:2. Notify volunteers • Medical Surge:2. Support activation of medical surge • Mass Care:2. Determine mass care needs of the impacted population • Fatality Management:2. Activate public health fatality management operations • Fatality Management:3. Assist in the collection and dissemination of ante-mortem data • Mass Care:3. Coordinate public health, medical, and mental/behavioral health services • Medical Surge:3. Support jurisdictional medical surge operations • Volunteer Management:3. Organize, assemble, and dispatch volunteers • Volunteer Management:4. Demobilize volunteers • Medical Surge:4. Support demobilization of medical surge operations • Mass Care:4. Monitor mass care population health • Fatality Management:4. Participate in survivor mental/behavioral health services • Fatality Management:5. Participate in fatality processing and storage operations
Proposed Outputs:	• Updated ESF8 and ESF6 plans to reflect public health's role in fatality management, medical surge, mass care and sheltering operations. • Minutes from quarterly meetings of partners addressing planning concerns related to family reunification. • Agendas/minutes from HCC meetings where ESF8 and ESF6 planning was discussed.
Requirement(s) and Recommendation(s):	• Infectious Disease Response:Joint Requirements
Technical Assistance Needs:	No

Domain Activity Name: Management of Public Health Surge: Coordinate Volunteers	
Planned Activity:	**Timeline for Completion:**
• IDPH will continue to build the number of registered volunteers to assist in disasters though sustainment of the I-SERV system and active recruitment of EMS personnel to register on I-SERV.	• Quarter 4: April 1- June 30
• IDPH will continue to build membership of the State Public Health Response Teams including DMAT, IMORT, LSRT, and EHRT to provide support to HCCs during response.	• Quarter 4: April 1- June 30

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Functions:	• Fatality Management:1. Determine role for public health in fatality management • Mass Care:1. Determine public health role in mass care operations • Volunteer Management:1. Coordinate volunteers • Volunteer Management:2. Notify volunteers • Medical Surge:2. Support activation of medical surge • Fatality Management:2. Activate public health fatality management operations • Fatality Management:3. Assist in the collection and dissemination of ante-mortem data • Medical Surge:3. Support jurisdictional medical surge operations • Mass Care:3. Coordinate public health, medical, and mental/behavioral health services • Volunteer Management:3. Organize, assemble, and dispatch volunteers • Volunteer Management:4. Demobilize volunteers • Mass Care:4. Monitor mass care population health • Medical Surge:4. Support demobilization of medical surge operations • Fatality Management:4. Participate in survivor mental/behavioral health services • Fatality Management:5. Participate in fatality processing and storage operations
Proposed Outputs:	• 5% increase in the number of registered ISERV volunteers during BP1 through active recruitment and registration of EMS personnel. • 5% increase in the number of Public Health Response Team volunteers during BP1. • A minimum of two drills conducted with Public Health Response Teams through ISERV to test response team's capability to be alerted and mobilized for a deployment.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s) **State Requirement(s) and Recommendation(s):** 　NA
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Domain Activity Name: Management of Public Health Surge: Address surge needs	

Planned Activity:	**Timeline for Completion:**
• IDPH will coordinate with local PH to implement the Stop the Bleed campaign through public health awareness and outreach, conducting training, and collaborating to promote and support the campaign with community partners like schools and businesses.	• Quarter 4: April 1- June 30

Functions:	• Medical Surge:1. Assess the nature and scope of the incident • Medical Surge:2. Support activation of medical surge • Medical Surge:3. Support jurisdictional medical surge operations
Proposed Outputs:	• A minimum of 10 public health staff trained to provide Stop the Bleed training. This training will equip local public health to be trainers for EMS, law enforcement, and the lay public within their communities. • IDPH compilation of data regarding number and location of courses provided, tourniquet usage, and survival rates for individuals that had tourniquets applied outside of hospitals. The Stop the Bleed campaign was developed based on review of mass shooting events. This is a whole community education program to ensure responders and the lay public have the necessary education and equipment to respond to any incident man-made (terrorism/mass accidents) or natural (tornados/earthquakes) that could result in multiple casualties with significant bleeding. The outcome of this program is a more prepared and resilient community ready to provide initial live saving response and support as part of the healthcare system. • IDPH will provide all the HCCs with Stop the Bleed promotional and guidance materials for distribution at health fairs and through outreach programs.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s) **State Requirement(s) and Recommendation(s):** NA
Technical Assistance Needs:	No

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

PHEP

DOMAIN: COUNTERMEASURES & MITIGATION

Description:	Countermeasures and mitigation provide resources for awardees, as well as health care coalitions and health care organizations, to increase their ability to store and deploy medical and pharmaceutical products that prevent and treat the effects of hazardous substances and infectious diseases, including pharmaceutical and non-pharmaceutical equipment (e.g., vaccines, prescription drugs, masks, gloves, and medical equipment) and the resources to guide an all-hazards approach to contain the spread of injury and exposure using mitigation strategies (e.g., isolation, closures, social distancing, and quarantines).

Capability Name: Medical Countermeasure Dispensing

Planned Activity:	Sustain
Funding Type:	PHEP

Capability Name: Medical Materiel Management & Distribution

Planned Activity:	Sustain
Funding Type:	PHEP

Capability Name: Non-Pharmaceutical Interventions

Planned Activity:	Sustain
Funding Type:	PHEP

Capability Name: Responder Safety and Health

Planned Activity:	Sustain
Funding Type:	PHEP

Strategy Name: Strengthen Countermeasures & Mitigation

Domain Activity Name: Manage access to and administration of pharmaceutical and non-pharmaceutical interventions

Planned Activity:	**Timeline for Completion:**
• IDPH will provide HCC's with refresher information regarding medical countermeasures stockpiled within the State and review processes for requesting and receiving State and federal resources.	• Quarter 2: October 1 – December 31
• IDPH will sustain medical material inventories and management processes to ensure rapid distribution of materials to HCC members when local supplies are diminished.	• Quarter 2: October 1 – December 31
• IDPH will review and update operational plans to receive, stage, distribute, and dispense MCM from the SNS.	• Quarter 3: January 1 – March 31
• IDPH will conduct local MCM ORR assessments of CRI jurisdictions in Iowa and submit data to CDC using the web-based system and complete bi-annual action plans and quarterly calls with the remaining jurisdictions.	• Quarter 3: January 1 – March 31
• IDPH will either participate in quarterly conference calls with CDC to review action plans or will participate in an MCM ORR with CDC based on guidance from CDC.	• Quarter 3: January 1 – March 31

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

• IDPH will update the RSS site information with CDC annually in the On-TRAC data center to be validated on a three-year cycle.	• Quarter 4: April 1- June 30
• IDPH will conduct a public health emergency preparedness exercise to test responses associated with access and functional needs of at-risk individuals and vulnerable populations.	• Quarter 4: April 1- June 30
• IDPH will review and update operational critical contact information in On-TRAC at a minimum every six months or as changes occur.	• Quarter 4: April 1- June 30
• IDPH will successfully participate in annual test with the Inventory Data Exchange to ensure IDPH can communicate inventory information to CDC during a public health emergency.	• Quarter 4: April 1- June 30
• IDPH will assess information technology options for sharing jurisdictional documentation with CDC.	• Quarter 4: April 1- June 30
• IDPH will complete the MCM ORR self-assessment in conjunction with the CDC to assess the State's ability to conduct medical countermeasure operations.	• Quarter 3: January 1 – March 31
• IDPH will conduct an annual review of the Department's quarantine and isolation procedures; making updates as needed.	• Quarter 4: April 1- June 30

Functions:
- Medical Materiel Management & Distribution:1. Direct and activate medical materiel management and distribution
- Medical Countermeasure Dispensing:1. Identify and initiate medical countermeasure dispensing strategies
- Medical Countermeasure Dispensing:2. Receive medical countermeasures
- Medical Materiel Management & Distribution:2. Acquire medical materiel
- Medical Materiel Management & Distribution:3. Maintain updated inventory management and reporting system
- Medical Countermeasure Dispensing:3. Activate dispensing modalities
- Medical Countermeasure Dispensing:4. Dispense medical countermeasures to identified population
- Medical Materiel Management & Distribution:4. Establish and maintain security
- Medical Materiel Management & Distribution:5. Distribute medical materiel
- Medical Countermeasure Dispensing:5. Report adverse events
- Medical Materiel Management & Distribution:6. Recover medical materiel and demobilize distribution operations

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Proposed Outputs:	• Guidance documents will be available to 100% of HCCs regarding availability of and process to request State and federal assets by April 2018. The guidance documents will reference stockpiled materials including but not limited to antiviral medications, PPE, CHEMPACK materials, and SNS materials. • IDPH's medical stockpiles inventoried and managed to ensure ability to rapidly distribute materials to HCCs by June 30, 2018. This output includes completing an annual inventory of medical materials stockpiled by IDPH, assisting local hospitals in maintaining CHEMPACK supplies, and sustaining agreements with public and private entities that assist with the rapid distribution of products. IDPH may procure additional supplies or materials for the stockpiles based on information learned during actual events or exercises. • Updated IDPH RSS plan ensuring inclusion of site specific needs of each RSS site. • Completed MCM ORR assessments for both CRI/MSA jurisdictions within Iowa. • State level MCM ORR materials or an action plan completed based on CDC guidance. • Current information readily available regarding Iowa's RSS sites on On-TRAC. • After action report/improvement plan developed with 90 days of completion of an exercise. • Current and complete critical contact information on On-TRAC. • Documentation of a successful test of Inventory Data Exchange processes. • Completed assessment of options available to share jurisdictional information/documentation with CDC. • Completed MCM ORR self-assessment tool for IDPH. • Reviewed and current IDPH quarantine and isolation procedures.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s) **State Requirement(s) and Recommendation(s):** None
Technical Assistance Needs:	No

Domain Activity Name: Ensure safety and health of responders

Planned Activity:	**Timeline for Completion:**
• IDPH will complete an evaluation and inventory 100% of the warehoused PPE and pharmaceutical caches.	• Quarter 3: January 1 – March 31
• IDPH will continue the use of EMResource as the sole system for managing IDPH warehoused medical materials.	• Quarter 4: April 1- June 30

Functions:	• Responder Safety and Health:2. Identify safety and personal protective needs • Responder Safety and Health:4. Monitor responder safety and health actions
Proposed Outputs:	• IDPH have a complete inventory of IDPH controlled PPE and pharmaceutical caches. • IDPH will have 24/7 access medical materials inventory for resource management. • IDPH will acquire supplies and equipment to support responder and safety health needs based on lessons learned or to address gaps identified in AAR reviews as funding allows.
Requirement(s) and Recommendation(s):	• State/Other Requirement(s) and Recommendation(s)

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

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State Requirement(s) and Recommendation(s):

NA

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Technical Assistance   No
Needs:

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

PHEP

DOMAIN: BIOSURVEILLANCE

Description:	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor through active and passive surveillance, threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

Capability Name: Public Health Laboratory Testing

Planned Activity:	Sustain
Funding Type:	PHEP

Capability Name: Public Health Surveillance & Epidemiologic Investigation

Planned Activity:	Sustain
Funding Type:	PHEP

Strategy Name: Strengthen Biosurveillance

Domain Activity Name: Detect emerging threats/injury

Planned Activity:	**Timeline for Completion:**

• The State Hygienic Lab will maintain staff and equipment to support CBRNE response across the State.

• Quarter 4: April 1- June 30

Functions:	• Public Health Laboratory Testing:1. Manage laboratory activities • Public Health Laboratory Testing:2. Perform sample management • Public Health Laboratory Testing:3. Conduct testing and analysis for routine and surge capacity • Public Health Laboratory Testing:4. Support public health investigations • Public Health Laboratory Testing:5. Report results
Proposed Outputs:	• AAR from the annual weapons of mass destruction exercise with the State's Hazmat Teams and 71st Civil Support Team. • Train a minimum of 20 Hazmat Team members on CBRNE protocols. • Complete an inventory of CBRNE testing supplies and reagents with acquisition of materials needed to ensure timely response. • Provide supplies to all 22 State Hazmat Teams to ensure necessary supplies, equipment, and guidance is available to ensure teams can collect and submit materials for testing at SHL. • Minutes from quarterly meetings of the Statewide Hazmat Task Force.
Requirement(s) and Recommendation(s):	• Public Health Informatics:Advance the Use and Sharing of Public Health Data • Public Health Informatics:Harmonize information technology goals and investments
Technical Assistance Needs:	No

Domain Activity Name: Conduct laboratory testing

Planned Activity:	**Timeline for Completion:**

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

• SHL will maintain the tools and resources necessary for standard reference LRN-B participation.	• Quarter 4: April 1- June 30
• SHL will maintain the tools and resources necessary to remain Level 2 LRN-C status.	• Quarter 4: April 1- June 30
• SHL will sustain CLIA certification for the LRN-C.	• Quarter 4: April 1- June 30
• SHL will continue to contract for courier of infectious disease and other emergent samples associated with emergency preparedness and response activities.	• Quarter 4: April 1- June 30

Functions:
- Public Health Laboratory Testing:1. Manage laboratory activities
- Public Health Laboratory Testing:2. Perform sample management
- Public Health Laboratory Testing:3. Conduct testing and analysis for routine and surge capacity
- Public Health Laboratory Testing:4. Support public health investigations
- Public Health Laboratory Testing:5. Report results

Proposed Outputs:
- A minimum of 9 FTEs supported to ensure LRN-B and LRN-C requirements are met throughout the grant period. These staff will conduct proficiency testing, attend national meetings, meet CDC benchmark requirements, ensure staffing is available to respond to credible threats and clinical isolates, and maintain supplies and equipment.
- All LRN-B proficiency tests completed and passed in association with CDC exercises.
- Google group communications list of a minimum of 200 people maintained to ensure communication with sentinel labs and other appropriate partners.
- Two wet workshops conducted to educate sentinel labs on bioterrorism rule out protocols.
- A minimum of 2 staff certified in packaging and shipping of highly infectious disease samples.
- Sustainment of the lab's select agent certification.
- USDA permit maintained for shipping of select agents and other infectious disease materials/samples.
- Maintenance contracts sustained on critical testing equipment.
- 100% of laboratory data reports messaged from the lab to partners (CDC, State, Law Enforcement) through Results Messenger.
- Inventory management system of reagents and supplies maintained in order to respond to routine and surge testing capacities.
- Update of the sentinel laboratory database to ensure updated contact information for sentinel laboratorians.
- Participation in and passing of the annual LRN-C specimen packaging and shipping exercise with CDC.
- Staffing and equipment qualifications maintained for all LRN-C core and additional methods for a Level II lab.
- Annual CLIA certification posted to the SHL website.
- Contract maintained for courier services.
- Level II LRN-C laboratory equipment sustained.
- All CDC required performance measure requirements completed and submitted.

Requirement(s) and Recommendation(s):
- Laboratory Response Network – Biological (LRN-B)
- Laboratory Response Network – Chemical (LRN-C)

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Technical Assistance Needs:	No

Domain Activity Name: Conduct epidemiological surveillance & investigation	

Planned Activity:	**Timeline for Completion:**
• IDPH will sustain critical epidemiologic capacity to conduct infectious disease surveillance, investigations, and respond to national infectious disease-related public health emergencies.	• Quarter 4: April 1- June 30
• IDPH will make updates to the infectious disease guidance documents based on best practices and lessons learned during review of disease investigations.	• Quarter 3: January 1 – March 31
• IDPH field epidemiologist will provide at least two "Advanced Epi and Case Investigation" course offerings within their assigned area.	• Quarter 4: April 1- June 30
• Four education sessions related to disease investigation, prevention, and control recommendations "basic epi" will be conducted in various locations across Iowa	• Quarter 2: October 1 – December 31
• IDPH Epi staff will conduct annual site visits at all local public health agencies to provide technical assistance related to the Iowa Disease Surveillance System, local investigation data/statistics, quality improvement, and resource management.	• Quarter 4: April 1- June 30
• IDPH will conduct an after action review with local partners following any disease outbreak investigation to identify improvements.	• Quarter 4: April 1- June 30

Functions:	• Public Health Surveillance & Epidemiologic Investigation:1. Conduct public health surveillance and detection • Public Health Surveillance & Epidemiologic Investigation:2. Conduct public health and epidemiological investigations • Public Health Surveillance & Epidemiologic Investigation:3. Recommend, monitor, and analyze mitigation actions • Public Health Surveillance & Epidemiologic Investigation:4. Improve public health surveillance and epidemiological investigation systems
Proposed Outputs:	• Updated Epi Manual, Food borne Outbreak Investigation Manual, infectious disease case questionnaires, and infectious disease outbreak questionnaire templates. • 100% of disease and outbreak investigations will be conducted utilizing the standard acute disease guidance documents outlined in basic and advanced epi courses. • Sustainment of a minimum of 5 FTEs to support epidemiologic capacity to conduct infectious disease surveillance, investigations, and respond to national infectious disease-related public health emergencies. • IDPH will initiate an after action review or survey with local partners after disease investigations. • A minimum of 10 Advanced Epi Case investigation courses provided in BP1. • A minimum of four epi education sessions provided in BP1. • A minimum of 1 site visit annually by Epi staff to all 99 local public health agencies.

1701-01 Domain Work Plan Report for Iowa
Budget Period: 07/01/2017 to 06/30/2018
Date Application Submitted:

Privileged Communication
Grant Number: 000522
Program Announcement #: CDC-RFA-TP17-1701

Requirement(s) and Recommendation(s):	• Public Health Informatics:Enhance the Public Health Information Systems Workforce
Technical Assistance Needs:	No